Form No. 1. (1) PLACE OF BIRTH File No. For State Registrar Only STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health Township Inc. Town . Registered No. (For use of Local Reistrar) Full Name of Child Unillong If child is not yet named, make supplemental report as directed (3) BOY OR (7) DATE OF or Priplet? order of birth Parents Married? BIRTH-To be auswered only in event of Twins or Triplets (Name of Month) (Day) FATHER. MOTHER. (8) FULL NAME BEFORE PRESENT POSTOFFICE (15) PRESENT POSTOFFICE OF MOTHER COLOR AGE AT LAST (16) COLOR BIRTHDAY BIRTHDAY (Years) RACE (Years) (12) BIRTHPLAC (18) FIRTHPLACE (13) OCCUPATION (19) OCCUPATION Number of children born to (21) Number of children of this mother now living, including present birth mother, including present birth CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (22) I hereby certify that I attended the birth of this child, who was on the date above stated. (23) (Signature) (24) State whether Phy Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by mark Local Registrar. When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the